Choosing a Third-Party Administrator

When you elect a health care plan, you get to choose which Third-Party Administrator (TPA) will administer your plan—either Aetna or Excellus BlueCross BlueShield (Excellus). You may want to consider the network availability when choosing your TPA. The TPs have each contracted with in-network providers to offer health care services at negotiated fees. To find out if your physician or other providers and facilities are members of either the Aetna or Excellus network, visit their network directories online at:

Aetna
Go to www.aetna.com/dse/search?site_id=universityofrochester.

Excellus
Go to www.excellusbcbs.com and select Find a Doctor or Hospital and then Upstate New York Provider Network to find a local provider.

Accountable Health Partners (AHP)
To find an Accountable Health Partners Provider in your area, use the Provider Search tool on the AHP website (www.ahpnetwork.com) or call AHP customer service toll free at (888) 457-7463 or direct at (585) 784-8855.

Important Terms to Know

Deductible: The amount of out-of-pocket expenses that you must pay before the Plan begins to pay benefits for many covered services.

Coinsurance: The percent the Plan will pay for certain covered expenses once you have met your deductible.

Copay: A fixed dollar amount you must pay to a provider at the time services are rendered.

Out-of-Pocket Maximum: The maximum amount you could pay each calendar year for your share of covered services. Throughout the year, your out-of-pocket expenses, including your deductible, coinsurance, copay, and prescription costs will count toward your out-of-pocket maximum. Your covered expenses will be counted at 100 percent for the remainder of the calendar year.

Choose the Health Plan That’s Right for You

Plan Information for the Health Care Plans and FSAs

The University Plan Administrator for Health Care Plans Coverage is:
Associate Vice President for Human Resources
University of Rochester (ID No. 16-0743209)
Office of Human Resources, Benefits Office
60 Corporate Woods, Suite 310
PO Box 270453
Rochester, NY 14627
Telephone: (585) 275-2084

The Associate Vice President for Human Resources is the agent for legal process in any action involving the University of Rochester Health Care Plans.

The Plan Year for the Health Care Plans is from January 1 to December 31. The Plan Number is 517.

The University reserves the right to modify, amend, or terminate the Plans at any time, including actions that may affect coverage, cost-sharing or covered benefits, as well as benefits that are provided to current and future retirees. This document provides only a summary of the Plan’s benefits. Detailed information on the benefit plans is available on the Total Rewards website www.rochester.edu/totalrewards. A paper copy of this information is available for free from the Office of Total Rewards.

Notice of Medical Plan Grandfather Status under the Patient Protection and Affordable Care Act

As of January 1, 2013, the University’s Health Plan was no longer grandfathered under the Patient Protection and Affordable Care Act.
### 2019 Health Plans Comparison

#### Overall Coverage (Single)

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$9,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>$0</td>
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<td>$0</td>
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<tr>
<td>$0</td>
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<td>$0</td>
</tr>
<tr>
<td>$20 Primary Care</td>
<td>$35 Primary Care</td>
<td>$65 copay</td>
</tr>
<tr>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>(no deductible or copay)</td>
<td>(no deductible or copay)</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

#### Preventive Care Services

- Pregnancy tests
- Immunizations
- Breast exams
- Colonoscopies
- Mammograms
- Pap tests
- Cancer screenings
- Preventive dental services

#### Prescription Drugs

- Covered under Tier 2
- Not Covered under Tier 3

#### Emergency Care

- Plan pays 90% after Tier 1 deductible
- Plan pays 75% after Tier 2 deductible
- Plan pays 60% after Tier 3 deductible

#### Maternity Services

- Plan pays 100% after Tier 1 deductible
- Plan pays 75% after Tier 2 deductible
- Plan pays 60% after Tier 3 deductible

#### Skilled Nursing

- Plan pays 100% after Tier 1 deductible
- Plan pays 75% after Tier 2 deductible
- Plan pays 60% after Tier 3 deductible

#### Outpatient Hospital Services

- Plan pays 90% after Tier 1 deductible
- Plan pays 75% after Tier 2 deductible
- Plan pays 60% after Tier 3 deductible

#### Physician’s Office and Diagnostic/Lab Services

- Plan pays 90% after Tier 1 deductible
- Plan pays 75% after Tier 2 deductible
- Plan pays 60% after Tier 3 deductible

#### Inpatient Hospital Services

- Plan pays 90% after Tier 1 deductible
- Plan pays 75% after Tier 2 deductible
- Plan pays 60% after Tier 3 deductible

#### Mental Health and Chemical Dependence Services

- Plan pays 100% after Tier 1 deductible
- Plan pays 75% after Tier 2 deductible
- Plan pays 60% after Tier 3 deductible

#### Other Services

- Plan pays 100% after Tier 1 deductible
- Plan pays 75% after Tier 2 deductible
- Plan pays 60% after Tier 3 deductible

**Note:** Preventive care included under Tier 1 will be covered at 90% after the Tier 1 deductible is met. Preventive care included under Tier 2 will be covered at 90% after the Tier 2 deductible is met. Preventive care included under Tier 3 will be covered at 90% after the Tier 3 deductible is met. Preventive care includes preventive dental services, mammograms, pap smears, colonoscopies, immunizations, and pregnancy tests. Preventive care services will not be covered if you have a condition that requires the service and you are receiving the condition-related services. Preventive care services are not included under the 2019 Health Program Guide or Summary Plan Description (SPD).